

Attitudes of Decision Makers Toward Adult Day Care*

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Abstract:

There is a growing body of literature on adult day care, but there appear to be no studies of those who make decisions about older adults' participation. This article begins to fill this gap. The results suggest several directions for entrepreneurs and local planners. Adult day-care centers need to advertise extensively to children of older adults, their special friends, and older adults themselves. Large centers in central locations would probably not be as successful as small programs, perhaps in churches catering to a local homogeneous clientele. Centers arranged for the convenience of the decision makers, providing care during nonworking hours and transportation, would probably flourish. The data consist of 1985-1986 telephone interviews with 247 current and potential decision makers who lived in Greensboro, N.C.

Article:

Long-term care of the growing population of elderly persons is currently one of the most important personal and policy issues in the United States. A variety of persons in a variety of settings provide long-term care. The formal care system includes community services, in-home services, and institutional care. Family members and friends, however, provide the vast majority of care for older adults informally (Arling & McAuley, 1983).

Recent federal requests for proposals have emphasized the development of programs using existing informal support networks rather than programs providing formal support without the help of family and friends. Many feel this trend is a welcome one, and families should be responsible for their older members as they were in the past. Families have changed, however, and so have the older adults in them. First, families are smaller now (Nam & Philliber, 1984; United Nations, 1973), so the burden of care is spread among fewer persons. Second, more of us are living to advanced ages and thus are developing the chronic impairments associated with being very old (Zarit, 1985). This means there are more older adults per family who need care, and they tend to need more care. Third, now more than in the past, many of the persons who care for older adults are women who work, usually out of economic necessity, or who are themselves in their 50s, 60s, or 70s (Brody, 1985). Today's potential caregivers thus have less energy and fewer resources. These factors have led to a growing consensus that we need to do a better job of supporting caregivers.

* AUTHOR'S NOTE: This article is based on data from the Junior League of Greensboro, Inc. Study of Attitudes Toward Adult Day Care, conducted jointly by the League and the University of North Carolina at Greensboro Center for Social Research and Human Services. I thank Sonja Koontz for helping me gather information about services in Greensboro.

One of the formal services available to support the efforts of informal caregivers is adult day care. According to the 1984 Standards for Adult Day Care (National Institute on Adult Day Care, 1984):

It is a community-based group program designed to meet the needs of functionally impaired adults through an individual plan of care. It is a structured, comprehensive program that provides a variety of health, social and related support services in a protective setting during any part of a day but less than 24-hour care. Individuals who participate in adult day care attend on a planned basis during specified hours. Adult day care assists its participants to remain in the community, enabling families and other caregivers to continue caring for an impaired member at home.

Programs may have different goals and offer different services, but it is generally agreed that adult day-care centers differ from hospitals, senior centers, and nursing homes (Mace & Rabins, 1984).

There is a growing body of literature on adult day care (see Ransom & Howley, 1985, for a bibliography). There are many articles outlining the history of adult day-care centers (Farndale, 1961; Robins, 1981), analyzing the costs and benefits of day-care services (Lloyd & Greenspan, 1983), discussing the place of adult day care in the continuum of longterm care services (Mankoff, 1984; Rathbone-McCuan & Elliot, 1977), summarizing surveys or case studies of existing programs (Abel, 1976; Kalis, 1974; Mace & Rabins, 1984), providing advice on how to establish a center (Barber, 1970; Koff, 1974), and reporting on studies of the effects of different treatment or therapeutic modalities on program participants (Aaronson, 1983; Berger, 1971). Given that the caregiver usually arranges for the older adult to receive day care, there is an obvious gap in the literature. There appear to be no studies of those who make decisions about whether older adults will participate in day-care programs, which makes it difficult to market and plan programs rationally.

This article begins to fill this gap by addressing two topics of interest to day-care managers. First, what type of relationship do decision makers tend to have with the older adults with whom they are associated? We know most caretakers are close relatives, mainly spouses or children, of the older adult, but not much about the quality of their relationships. For example, how emotionally close do they tend to be? How far do they live from one another? Are decision makers likely to consider having the older adult live with them? Second, how do decision makers feel about adult day care? We know virtually nothing about whether decision makers are familiar with the concept, whether they are positively inclined toward using a center, what price they are willing to pay, the importance they attribute to various possible features of adult day-care programs, or the type of facilities they find acceptable. The answers to these questions have implications for marketing adult daycare centers and for the type of support decision makers are likely to demand.

The Study and Data

The data consist of 247 telephone interviews with residents of Greensboro, NC, who made or helped make decisions for at least one older adult (33.6%) or expected to be doing so within the next 10 years (66.4%). Note that the spouses of older adults excluded themselves from the sample because they did not view themselves as younger than their partners. Whenever the results for current and potential decision makers are different, they are reported separately;

otherwise, the two subsamples are combined. Remember, the decision makers were not necessarily the only ones who made or helped make decisions for the older adults nor were they necessarily the ones who carried out the work. They did, however, accept some current or potential responsibility for the older adult and thus might have influenced any decision made about day care.

Members of the Junior League of Greensboro, Inc., conducted the interviews between May 1985 and April 1986. The author trained the interviewers in a three-hour session during which the logic of surveys, standard replies, interviewer conduct, and the instrument were discussed. The interviewers conducted practice interviews before the study began. Question-by-question specifications were also provided.

The sampling framework used was the 1985 Greensboro Telephone Directory. A systematic random sample of 848 residential telephone numbers was chosen using methods outlined by Dillman (1978). A very accurate record was kept of the outcome of each call. Residents were carefully questioned about their eligibility to participate in the study. Eligible persons were currently making or helping make decisions for at least one older adult or anticipated doing so within the next ten years. See Table 1 for the frequency distribution of the outcomes of the calls. Of the households where interviews were completed, where eligible persons refused to be interviewed, or where no one was eligible, 59.2% had no eligible residents. If we assume 59.2% of the entire sample was ineligible, there were 502 ineligible households and 346 eligible ones. We can thus estimate interviews were completed with someone in 71.4% of all eligible households. This estimate is obtained by dividing the number of completed interviews (247) by the estimated number of eligible households (346).

The interviews consisted of questions about the oldest older adult for whom the respondent made or thought he or she might eventually make decisions, the respondent's relationship with the older adult, the living situation of the older adult, the respondent's knowledge of and attitudes toward adult day care, the respondent's ratings of the importance of a list of possible program features, the amount the respondent would be willing to pay for day care, the acceptability of various settings, and the respondent's demographic characteristics. Different forms were used for those who currently made or helped make decisions for older adults and those who thought they would do so in the near future. The two forms included parallel and, in some cases, identical questions.

No claim is made that the findings presented here can be generalized to any population other than the current and potential decision makers in Greensboro. The sample is more female, wealthier, and more highly educated than the adult population in Greensboro. This finding may partially reflect the realities of who decision makers are—perhaps older adults in less affluent families are more likely to make decisions for themselves, but it may also be the result of sample bias. It is possible female, wealthy, highly educated residents were more responsive to a call from a representative of the Junior League whose members were similar to them demographically.

Compared to potential decision makers, current decision makers were older, less likely to work full time, and more likely to be female. It is possible the future cohort of decision makers will be different from the

Table 1. Outcomes of Calls to Households in Sampling Framework

Outcome	Frequency	Percent
Disconnected	77	9.1
Hung up	33	3.9
Refusal	40	4.7
Not reached	23	2.7
Long distance	3	0.4
Record lost	8	0.9
No one eligible	417	49.2
Completed	247	29.1
Total	848	100.0

current one, but it is more likely the differences reflect the demands of the role. Older women are often forced to leave full-time employment by the necessity of caring for older adults.

Results

Decision Maker and Older Adult Relationships

The purpose of this section is to describe the relationships of the current and potential decision makers to the older adults they identified. It includes a discussion of their family connections and emotional closeness to the older adult, the living situations of the older adult, and their attitudes toward living with the older adult.

About two-thirds (67.1%) of the older adults identified by the decision makers were their parents. Another sixth (16.7%) of them were their in-laws. Small percentages of them were their grandparents or grandparent-in-laws (7.4%), and the rest were miscellaneous relatives and nonrelatives. Only 40 respondents (15.3%) named an older adult who was not their parent or parent-in-law. It is interesting to note that all of these decision makers were female only children. Perhaps these women are socialized to feel more responsibility toward others, or perhaps they satisfy a personal need for closeness by helping others.

Current decision makers were more likely to feel emotionally close to the older adults than were potential decision makers (see Table 2). This finding can be interpreted in two ways. It is possible the decision makers felt closer to the older adult than they previously had as a result of

Table 2. Type of Decision Maker by Emotional Closeness to Older Adult, Living Situation of Older Adult, and Attitude Toward Having Older Adult Live with Them

Emotional Closeness						
very close	60	72.3	93	57.8	153	62.7
close	22	26.5	60	37.3	82	33.6
not at all close	1	1.2	8	5.0	9	3.7
Total	83	100.0	161	100.0	244	100.0
Living Situation of Older Adult						
with respondent	16	19.8	8	4.8	24	9.8
with someone else						
Greensboro	13	16.1	0	0.0	13	5.3
Guilford County	3	3.7	0	0.0	3	1.2
North Carolina	9	11.1	0	0.0	9	3.8
out of state	7	8.6	0	0.0	7	2.9
independently						
Greensboro	26	32.1	57	34.8	83	33.9
Guilford County	2	2.5	18	11.0	20	8.2
North Carolina	2	2.5	38	23.2	40	16.3
out of state	3	3.7	43	26.2	46	18.8
Total	81	100.1	164	100.0	245	100.2
Attitude Toward Having Older Adult Live with Them						
definitely offer	11	37.9	73	48.0	84	46.4
consider it	10	34.5	53	34.9	63	34.8
definitely not offer	8	27.6	14	9.2	22	12.2
not sure	0	0.0	12	7.9	12	6.6
Total	29	100.0	152	100.0	181	100.0

adding the helping dimension to their relationship. On the other hand, it could be that persons who already felt closer to the older adult were more likely eventually to help them make decisions. Note that most of the decision makers reported feeling very close to the older adult, and very few of them reported no feelings of closeness.

See Table 2 for a description of the living situations of the older adults named by the current and potential decision makers. Of the older adults who were already receiving help with decisions, about one-fifth lived with the decision maker, two-fifths lived with someone else, and two-fifths lived independently. By combining the figures differently, one finds about two-thirds of these older adults lived in Greensboro, a few lived elsewhere in Guilford County, and about one-tenth each lived elsewhere in North Carolina and outside of the state. By comparing the second to the first column, one can see that older adults who were not yet receiving help with decision making tended to live further from the respondent than those who were already receiving help. This finding suggests either that those who already live near or with older adults are more likely to help them or that the older adult or decision maker relocates as the dependency need arises.

Current decision makers were less likely than potential decision makers to want to have the older adult live with them (see Table 2). This discovery suggests either that persons change their minds as the possibility of having the older adult live with them grows greater or that the future cohort

of decision makers will be more likely to welcome older adults into their homes. Notice, however, fewer than half of the potential decision makers said they would definitely make the offer.

Attitudes Toward Adult Day Care

In this section, I report on the current and potential decision-makers' attitudes toward adult day care. I include discussions of the decision makers' familiarity with adult day care, their reactions to the concept, the amount they are willing to pay, the importance they attribute to various possible features of adult day-care programs, and the type of facilities acceptable to them.

Although there were three adult day-care centers in Greensboro at the time of study, only about two-fifths of the decision makers (39.4%) were familiar with the concept of adult day care. Of these, about a quarter knew someone who had participated in adult day care. Only one of the older adults named by respondents was currently enrolled in an adult day-care program.

Of the current decision makers, about one-fifth (22.5%) indicated they needed more help in caring for the older adult. After having the adult day-care concept briefly described to them, respondents were asked which services of several named they would be most likely to use if the need arose. About two-fifths said adult day care (38.8%), about two-fifths said sitters (38.8%), and small percentages said respite care

Table 3. Importance of Various Characteristics of Adult Day-Care Programs

Characteristics	Importance			Total
	Very	Somewhat	Not at All	
Transportation provided	24.6	34.4	41.0	244
Participants of similar social and economic backgrounds	25.1	39.3	35.6	239
Program in neighborhood	27.7	37.2	35.1	242
Medical and rehabilitative services available	10.7	21.4	67.9	234
Participants in similar physical and mental conditions	15.0	33.8	51.3	234
Program available outside of working hours	35.6	37.8	26.6	233
Part-time attendance possible	9.4	29.2	61.4	233
Drop-in attendance possible	10.5	24.8	64.7	238

(6.0%), a nursing home (6.0%), or they were not sure (10.4%). Of the current decision makers who did not mention adult day care as the service they would be most likely to use, three-fifths (58.11%) said they would consider using adult day-care services for the older adult. This finding means about three-quarters of the current decision makers were favorably disposed toward the adult day-care concept. About nine-tenths of the potential decision makers said they would consider use of adult day care.

Despite the prevalence of receptiveness to the adult day-care concept, 29 persons clearly stated they would not use adult day-care services. Of the 29, 10 did not specify why they felt this way. Of the remaining 19, about three-tenths (31.6%) said the older adult was already too ill to make use of adult day care:

Father has Alzheimer's. He has a sitter around the clock with him. He would have used an adult day-care center earlier in his illness.

Not now. Mother can't get out to an adult day-care center. I would have considered it several years ago while I was still working. When I need to get out now, I have a sitter come in for my mother.

Almost two-fifths (36.8%) said the older adult would refuse to attend:

Table 4. Acceptability of Various Settings for Adult Day-Care Program

Setting	Unacceptable	Maybe	Acceptable	Total
Church	7.4	6.1	86.5	244
Nursing home	30.0	20.6	49.4	243
Hospital	38.4	19.4	42.1	242
Health department	40.4	18.7	40.9	235
School	18.7	9.1	72.2	241
Social agency	22.6	20.4	57.0	230
HMO	15.3	13.8	70.9	189
Group medical practice	24.3	13.4	62.3	239
Separate facility	6.8	8.0	85.2	237

My mother is very independent and decides what she is going to do. I could advise her, but she wouldn't do it.

Mother would object. Her hearing aid makes it difficult for her to be in groups. She wouldn't enjoy being in an adult day-care program because of frustration in hearing.

We dealt with two agencies, and we could never depend on them. That upset mother.

Two of the respondents (10.5%) said the older adult was too shy, two said the older adult would not be living near them, and another two said they would put the older adult in a nursing home.

Cost of the program would certainly affect decisions. On the average, the respondents surveyed said they would be willing to pay \$18.50 per day. Half of the respondents would pay only \$15.00 or less per day.

Respondents were asked how important various features of adult day-care programs would be to them if they were choosing a program for the older adult. A summary of their responses appears in Table 3. The four most important characteristics, in order of decreasing importance, were program availability outside of working hours, physical proximity of the program, homogeneity of the social and economic characteristics of the participants, and the provision of transportation.

The facility in which the adult day-care program is located also might affect decisions. Respondents' feelings about the acceptability of various settings are summarized in Table 4. The most popular facilities were churches and separate facilities. The least popular facilities were

nursing homes, hospitals, or health departments, suggesting that settings not associated with illness are most acceptable.

Conclusions

The findings presented in this article have clear implications for marketing and planning adult day-care programs. Although the study was a local one, it has implications for entrepreneurs and local planners in other areas.

The findings suggest the main target market for advertising adult day care should be the children, especially daughters, of older adults. Decision makers tended to have emotionally close relationships with the older adults and to live in the same community with them, but they preferred “intimacy at a distance.” In other words, they tended not to want the older adult to live with them. Advertising for adult day care could emphasize how it lessens the problems of intergenerational coresidence. Another market is the female only child. Advertising emphasizing the relationship between older adults and their special friends might appeal to this group.

Advertisers must also cultivate the interest of the older adults themselves. The most common reason for decision makers’ rejecting the adult day-care concept was the preferences or personalities of the older adults. There is a need for research on older adults’ attitudes toward adult day-care services. Possibly some persons simply would not find participation acceptable. It may, however, be possible to uncover some ways in which adult day care could be made more appealing to potential participants.

Clearly, adult day-care centers have not received enough publicity. While only two-fifths of the respondents had heard of adult day care, three-quarters of them were receptive to the concept after hearing about it. One-fifth of the current decision makers said they needed additional assistance. This suggests there is an untapped market for adult day-care services.

The cost of adult day care did not appear to be a factor that discouraged its use. Mace and Rabins (1984) reported the national average fee per day was \$15. In Greensboro, the average fee for paying clients was \$18. Both of these figures are close to the amount the average decision maker in this study was willing to pay. Furthermore, many centers accept publicly supported clients.

Inadequate publicity is not, however, the only explanation for the existence of an untapped market. The findings suggest decision makers may be interested in features of adult day care that are not always available. Of the four characteristics decision makers felt were most important, only transportation was available at most of the centers nationally (Mace & Rabins, 1984) and all of the centers in Greensboro. Only a small proportion of national centers (Mace & Rabins, 1984) and none of the centers in Greensboro were open outside of working hours. Only a tiny percentage (6.0%) of the centers studied nationally were neighborhood centers (Mace & Rabins, 1984), and none of the Greensboro centers was. There were no conclusive national data available on the homogeneity of clientele; in Greensboro only one center could make this claim.

Another factor that might explain the existence of an untapped market is a discrepancy between where adult day-care centers tend to be located and where decision makers would prefer them to be located. Perhaps because of the difficulty members of our society have in dealing with illness, decision makers preferred facilities that were not health care settings. Churches and separate facilities were the most popular choices. Only a tiny percentage (6.0%) of centers were in churches when Mace and Rabins (1984) did their national study. The programs in Greensboro were all in separate facilities, but only a tenth (9.5%) of the day-care centers nationally were separate (Mace & Rabins, 1984). A separate facility would probably appeal to a broader clientele, but it might be easier to establish neighborhood centers in already existing structures, such as churches. It is possible, of course, that this finding would vary by region, and church settings would not be as acceptable in less religious parts of the country.

These findings thus suggest several directions for entrepreneurs and local planners. Extensive adult day-care center advertisements should be targeted toward the children of older adults, their special friends, and the older adults themselves. Large centers in central locations would probably not be as successful as small programs, perhaps in churches catering to a local, homogeneous clientele. Centers arranged for the convenience of the decision makers, providing care during nonworking hours and transportation, would probably flourish.

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